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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545 0047

Department of the Treasury

2009

Depa	artment nal Rev	of the Treasury venue Service		► The organization ma	ay have to use	a copy of this return to	satisfy state report	ing requirem	nents	Op	en to Public l	nspection
	For t	he 2009 calend	ar year,	or tax year beginnin	g Nov 1	,	2009, and endin	g Oct	31		, 2010	
В		if applicable		C Name of organization					D Employ	er Iden	itification Number	
	$\overline{}$	ddress change	Please use IRS label	MONTANA COMM	AITTEE !	FOR THE HUM	ANITIES		23-	7357	7909	
	\vdash	ame change	or print or type			nail is not delivered to st		uite	E Telepho	one nun	nber	
		utual return	See specific	311 BRANTLY H	ALL. UNI	VERSITY OF M	ONTANA		(40	6) 2	243-6022	
	Ħ	ermination	Instruc- tions	City, town or country			State ZIP code + 4		(-,- -		
	\vdash	mended return	40.10	MISSOULA			MT 59812		G Gross r	eceints	s 725,32	3.
	=	pplication pending	F Name a	and address of principal off	icer			H(a) Is this	a group retur			
	ш~	. , 1		HSTOLZ 311 BRAN		A.TIIO22TM	MT 59812		affiliates inc			
<u> </u>	Tax	c-exempt status	_		isert no)	4947(a)(1)		If 'No '	attach a list	(see in	structions)	_
÷				anitiesmontan	<u></u>	1 1 +3 +7 (0)(1)	0. 1 1027	H(c) Group	evemntion n	mber 1	-	
K			X Corpora		ssociation	Other ►	L Year of Format				legal domicile M	
Pa		Summa		ation Trust 1 A	SSOCIATION	Other	L rear di l'onnat	1011 1. 2 7 2	- 1111 \	otate of	regar dominene 1.	<u>-</u>
	1			ganization's mission	or most sig	nificant activities	Humanities N	ontana e	nriches	the 1	ves of all M	ontanans
41				ry and stimulatin								
üçe				programs that exp								
rua				es, and deepen ou								
ove	2	Check this box	<▶ 📋	if the organization d	scontinued	its operations or o	disposed of more	e than 25°	% of its as	sets		
ο Θ	3		-	bers of the governing							19	
es	4			t voting members of	-	ing body (Part VI,	line 1b)			4	19	
Activitles & Governance				yees (Part V, line 2a						5 6	7 254	
Act				eers (estimate if nec ousiness revenue fror	• .	loolumn (C) ina 1	2			7 a		0.
-		•		taxable income fron			2			7 b		<u> </u>
		Tiot diliciated	545111455	taxable income non	11 01117 330	1, 11110 01			rior Year		Current	Voor
	8	Contributions	and grani	ts (Part VIII, line 1h)				<u>-</u>	747,7	00		8,324.
Revenue	Program service revenue (Part VIII, line 2g)									58.		3,671.
ve		•		rt VIII, column (A), l	•	nd 7d)				67.		3,328.
æ				II, column (A), lines			-					
	12	Total revenue	– add Iir	nes 8 through 11 (mu	ıst equal Pa	art VIII, column (A)), line 12)		753,1	25.	72	5,323.
	13	Grants and sin	nılar amo	ounts paid (Part IX, o	column (A),	lines 1-3)			218,6	00.	20	0,439.
	14	Benefits paid t	to or for r	members (Part IX, co	olumn (A), i	line 4)						
~	15	Salaries, other	compen	sation, employee be	nefits (Part	IX, column (A), li	nes 5-10)		293,0	84.	28	9,822.
Expenses	16a	Professional fu	undraisin	g fees (Part IX, colu	mn (A), line	e 11e)			22,6	74.		
ber				nses (Part IX, column			25,704.			1		
ũ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 192, 65									22	5,401.
	18	Total expense	יז (ו מונות ב ∆ הלהל ויה	nes 13-17 (must equa	al Part IX	DEGELL	ED		727,0			5,662.
	19	Revenue less	evnence	Subtract line 18 from	om lide 12	dd III Q IIII eard	11.71		26,1			9,661.
- B		Trevenue less	expenses	S Subtract line 10 lit	1-1		 8 -	D				
ate oroca	20	Total assets (F	Part V III	20 16)	년 양	MAR 1 6 2	011	Ведіп	ning of Y		End of	8,727.
Ass		Total liabilities		•	<u>iu</u>		<u>e</u>		67,4			$\frac{6,727.}{6,594.}$
Net Assets Fund Balanc			-	-		SCOEN	RAST					
	22_ rt	Signatu		inces Subtract line 2	1 from line	KAL JILIA		٠	112,1	50.	12	2 <u>,133.</u>
<u> </u>			_/_/	/ //-						, .		
		Under penalties true, correct an	or perjury	declare that I have exami Declaration of preparer (o	hed this return, ther than office	, including accompanyin er) is based on all inforn	g scriedules and stat nation of which prepa	rer has any l	to the best o	rmykn ∎	lowledge and belie	r, 11 IS
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He	re	Signature	officer		7		٧ : ٦	Da	~ / //	/ ' '		•
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		Type or prin	it name and	i title	11	33001010	Diver			4.17	INE LAST.	<u> </u>
				$\overline{}$. 1	N.	Date	Ch	eck if	P	reparer's identifyir see instructions)	ig number
Pai	d			Alm.	/ /	// A // //	<i>l</i> ,	se		\square	see instructions)	
Pre	}-	Preparer's signature	T.ORI	EN (W KANALA)	\mathcal{U}_{A}	[LOOKBU	03/02/1					
	er's	Firm's name (or		ACCOUNTING,	PLLP		100,02/1		•			
Use		yours if self employed)		BOX 4325			-	EII	v -			
On	ıy	address, and ZIP + 4		SOULA		MT 5	9806			(40	6) 728-55	539
May	the I			with the preparer show	wn above?			<u></u>		, 10	X Yes	No
				work Reduction Act			ructions.		TEEA0101	07/20		90 (2009)

	TANA COMMITTE					23-7	<u>35790</u>	9		Page:
	nt of Program Se		nplishments							
1 , Briefly describe the	organization's mission	on	_		_					
Humanities M	iontana funds	, encourag	es, and pro	omotes pu	blic progr	ams in				
	tes - litera						for			
all Montana										
255 53 53 55										
! Did the organization	undertake anv signi	ficant program s	ervices during the	e vear which w	vere not listed or	the prior				
Form 990 or 990-E2	• •	neart program s	crvices during an	e year which v	rere that histed of	r the phon		Yes	Х	No
		0.1.11.0					Ш	162		NO
	ese new services on							.,		
_	cease conducting, o	•	nt changes in how	w it conducts.	any program ser	vices	Ш	Yes	X	No
	ese changes on Sche									
and 501(c)(4) organ	ot purpose achieveme iizations and section	4947(a)(1) trusts	are required to r	three largest report the amo	program services ount of grants and	s by expense d allocations	es Sec to oth	tion 50 ers, the	11(c)(3 e total	3)
expenses, and reve	nue, if any, for each	program service	reported							
a (Code) (Expenses \$	554,204.	including grants	of \$	200,439.)	(Revenue	\$		3,6	71.)
	to humanities									
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	of the Book									
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Humanities A	wards									
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(Code) (Expenses \$		including grants	of \$)	(Revenue	\$)
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(Code) (Expenses \$		including grants	of \$)	(Revenue	\$)
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	·									- -
1 Other program servi									-	
d Other program servi (Expenses \$	ces (Describe in Sch		s of \$) (Revenue	\$)	

Page 3

<u> </u>	Terrorist of Regular Sociedarios	$\overline{}$	V	N-
	Г		Yes	<u>No</u>
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u>X</u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		_X_
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	provide advice on the distribution or investment of amounts in such funds of accounts? If thes, complete schedule D,	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		<u>X</u>
9	or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If Yes, complete Schedule D, Part V	0	Х	
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	1	х	,
	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			141
	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		r .	
	• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII			!
	 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX 		``.	-
	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	- "	·	- 1
	 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If'Yes,' complete Schedule D, Part X 	. 4,		
		2	Х	
12	A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A X	€	-	- 1
19	, and an approximately a second secon	3		X
		4a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	4b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	5		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to	6		X
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	7		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,	8		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'	9		X
20	·	20		X

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25	24a		х
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete			
1	Schedule L, Part IV	28Ь		<u>X</u> _
1	c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Χ_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 192 Note. All Form 990 filers are required to complete Schedule O	38	_x_	
BAA		Form	990 (2009)

Statements Regarding Other IRS Filings and Tax Compliance Yes No 1 a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of US 29 Information Returns Enter -0- if not applicable 1 a 1b 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Х 1 c (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return Х 2b 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by 3 a Х this return 3 b b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account) 4a Х **b** If 'Yes,' enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5 a Χ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Х b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited 5с Tax Shelter Transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization 6a Х solicit any contributions that were not tax deductible? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7 a X provided to the payor? 7 b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7 c Х d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e X 7 f f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 g g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. 9a a Did the organization make any taxable distributions under section 4966? 9Ь b Did the organization make any distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter 10 a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter 11 a a Gross income from other members or shareholders **b** Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11 b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b

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Form **990** (2009)

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Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	ction A.	Governing B	ody and N	lanagen	nent										
														Yes	No
1:	a Enter the	number of voting	members o	the gover	ning body	,			_ 1a	19				, , , , , , , , , , , , , , , , , , ,	· 4
	b Enter the	number of voting	members th	iat are inde	ependent				_1b	19		5	7	791	
2	Did any o	officer, director, tri irector, trustee or	ustee, or key kev emplove	employee	have a fa	amıly rela	ationship or a b	usiness rela	ations	hip witl	any othe	er -	2		X
3	Did the o	rganization delega s, directors or trus	ate control o	ver manage	ement du	ties custo	omarily perform	ned by or un	nder th	ne direc	t supervi	sion	3		Х
4		rganization make				-			•			<u> </u>	4		X
•		prior Form 990 w	, ,	in change	3 (0 ((3 0)	garnzano									
5		rganization becon		ing the ve	ar of a ma	aterial div	version of the o	roanization	's ass	ets?			5		Х
6		organization have						. 9				<u> </u>	6		X
7		organization have	•			er person	is who may ele	ct one or m	ore m	embers	s of the		7a		Х
ı	-	decisions of the go	overnina bod	v subject to	o aporova	al by men	nbers. stockhol	ders, or oth	ner per	rsons?			7b		X
	•	•	-	•		•					the year	hu -	д.		
	the follow	3	riporarieousi	y documer	n me mee	etings nei	id of written ac	tions under	laken	uuririg	uie yeai	by J	14. 14.		
	-	rning body?			41		.					-	8a	X	
		nmittee with autho	•		•		-						8b	Α.	
	organiza	any officer, directo tion's mailing addi	ress? If 'Yes,	' provide ti	he names	and add	iresses in Sche	dule O					9		Х
		Policies (T	his Sectio	า B requ	ests ınf	ormatio	on about pol	icies not	requ	ıred b	y the In	iternal			
Keve	enue Code)										·		V	N.
10.	. Daga tha	eranization have	a laaal ahaat	ara branak		filiatos 2						Г	0 a	Yes	No_X
	If 'Yes,' o	organization have loes the organizat	ion have writ	tten policie	s and pro	cedures	governing the a	activities of	such	chapte	rs, affiliati	es,			
		ches to ensure the	•				-					⊢	0 Ь		
		organization provid							etore 1	illing th	e form?	ļ-	1	<u> </u>	
		in Schedule O the	•		,							F-	- i ~	7,	
		organization have			,	•				1.1 .		-	2a	X	
	to conflic						·					<u> </u>	2b	_X	
•	Does the Schedule	organization regul O how this is dor	larly and cor ne	isistently n	nonitor ar	nd enforc	e compliance v	vith the poli	icy? If	'Yes,' (describe i		2 c	Х	
13	Does the	organization have	e a written w	nistleblowe	r policy?							<u> </u>	3	X	
14	Does the	organization have	e a written do	ocument re	tention ar	nd destru	iction policy?					L	14	Х	
15	Did the p persons,	rocess for determicomparability data	ining compei a, and conte	nsation of t mporaneou	the followi us substar	ing persontiation o	ons include a re of the deliberation	eview and a	ipprovision?	al by ır	depende	nt 5	ا برای ا در افزاد در افزاد	11.	
ā	The orga	nization's CEO, E	xecutive Dire	ctor, or top	manage	ment offi	ıcıal						15 a	Х	
ŧ	Other off	cers of key emplo	yees of the	organizatio	n								15 b	Х	:
	If 'Yes' to	line 15a or 15b, o	describe the	process in	Schedule	O (See	instructions)) ;	Mark St		oj je
16 a		rganization invest	ın, contribut	e assets to	o, or partio	cipate in	a joint venture	or sımılar a	arrang	ement	with a tax	kable	 6a		' X
ł	in joint ve	as the organization	nts under ap	plicable fed	licy or pro deral tax l	ocedure re law, and	equiring the order taken steps to	ganızatıon t safeguard t	to eva the org	luate it ganizat	s participa ion's exer	mpt j-	16b	11:51	ا المساء
Sec		th respect to such Disclosures	arrangemen	15'		<u>-</u>							00		
		tates with which a	conv of this	Form 990	is require	d to be fi									
					•						 (a)(2)	_			 ble
ıŏ	inspection	104 requires an o	ou make thes	e avaılable	Check a	all that ap	oply	ie), 990, an	ia 990	-1 (501	(C)(3)5 OI	niy) availi	1016	ior pu	DIIC
			X Another				on request			٠.				_	
	statemen	in Schedule O wh ts available to the	public				•	_							ıal
20		name, physical a	•	•			•				_				
•	MONTANA CO	OMMITTEE FOR THE HUI	manities 3	11_BRAN	YTLY_H	ALL	MISSOULA	<u>M</u>	<u>T</u>	5981	2	(40	2)_2	43-6	022

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Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees; and former such persons

Check this box if the organization did no	1	ate ar	ıy cı			ficer,	dired			
(A)	(B) (c) Average Position (check all that apply)							(D)	(E)	(F)
Name and Title	Average hours per week	or director			al Key employee	at employee	ý) τω,πει	Reportable compensation from the organization (W-2/1099 MISC)	Reportable compensation from related organizations (W-2/1099 MISC)	Estimated amount of other compensation from the organization and related organizations
KENNETH V. EGAN										
EXECUTIVE DIRECTOR	40.00	Х						71,697.	0.	14,427.
KEN STOLZ ASSOCIATE DIRECTOR	40.00	Х						38,229.	0.	11,706.
KATHLEEN RALPH	-									
CHAIR	4.00			Х				0.	0.	0.
WILLIAM MARCUS	_								_	_
VICE CHAIR	2.50			Х				0.	0.	0.
SIDNEY ARMSTRONG BOARD	1.00			х				0.	0.	0.
ANNEKE-JAN BODEN	_									
BOARD	1.00			Х				0.	0.	0.
BRIAN COCKHILL BOARD	1.00			х				0.	0.	0.
JULIE DIAL										
BOARD	1.00			Х				0.	0.	0.
PAUL FILICETTI										
BOARD	1.00			Х				0.	0.	0.
JIM JARVIS	_					İ				
BOARD	1.00			Х				0.	0.	0.
LINDA KARELL BOARD	1.00			Х				0.	0.	0.
TOM KOTYNSKI BOARD	1.00			х				0.	0.	0.
SUSAN NEAR BOARD	1.00			Х				0.	0.	0.
LAWRENCE PETTIT	1.00									
BOARD	1.00			х				0.	0.	0.
WILL RAWN										
BOARD	1.00			Х				0.	0.	0.
JAMES SHANLEY				Ţ						0
BOARD	1.00		\dashv	Х			\vdash	0.	0.	0.
RUTH TOWE BOARD	1.00			$_{\rm x}$				0.	0.	0.
BAA					11/	10/09		····		Form 990 (2009)

	1 -	es, Key Employees, and Highest Compensated (B) (c) (D) (E)												
(A)	(B) Average	Posi	tion (•	•	hat a	(vlaai	(D)	(E)	F.	(F) stimated	4		
Name and Title	hours per week			Officer		Highest compensated employee	,	Reportable compensation from the organization (W 2/1099 MISC)	Reportable compensation from related organizations (W-2/1099 MISC)	amou com fr org an	int of of pensati om the anization d relate anization	ther ion on ed		
BRUCE WHITTENBERG BOARD	1.00			х				0.	0.			0.		
NANCY WIDDICOMBE														
BOARD	1.00		_	X				0.	0.			0.		
WILLIAM YELLOWTAIL BOARD	1.00	ł		X				0.	0.			0.		
ADRIENE HAAS BOARD	1.00			х				0.	0.			0.		
	-				_									
	-				_									
		_												
	-													
					_				. ,					
	-											_		
	_													
1 b Total								109,926.	0.	-		133.		
2 Total number of individuals (including but not limited	l to thos	e list	ted	abov	/e) v	who	rece	eived more than \$	100,000 in reportab	le comp	ensati	ion		
from the organization 0											Yes	No		
3 Did the organization list any former officer, director	or tructo	یا م	av 6	mnl	OVA	- A	r hia	hest compensated	employee					
on line 1a ⁹ If 'Yes,' complete Schedule J for such in	dividual	e, n	зу с	mpn	oyee	s, OI	ilig	nest compensated	employee	3		X		
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the individual	oortable an \$150	com 0,000	pen)? <i>If</i>	satio 'Ye	on a s' co	ind (omp	othe <i>lete</i>	r compensation fro Schedule J for su	om ch	4		X		
5 Did any person listed on line 1a receive or accrue correndered to the organization? If 'Yes,' complete School	ompensa edule J	ation for s	froi uch	m ar pers	ny u s <i>on</i>	nrel	ated	l organization for s	services	5	-	X		
Section B. Independent Contractors							_							
Complete this table for your five highest compensate compensation from the organization	d indep	ende	ent o	contr	racto	ors i	that	received more tha	n \$100,000 of					
(A) Name and business addres	s							Description of	of Services	Compe	c) nsatio	on		
4-4										·				
2 Total number of independent contractors (including t		ımıte	ed to	tho	se l	ıste	d ab	ove) who received	more than		-			

	t viii Statement of Nevenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) 1 a 1 b 1 c 1 d 696,669.			. :	
CONTRIBUTIC AND OTHER	f All other contributions, gifts, grants, and similar amounts not included above g Noncash contribus included in ins 1a-1f h Total. Add lines 1a-1f	718,324.			
PROGRAM SERVICE REVENUE	Business Code 2a SALE OF GOODS 519100 b c d	3,671.	3,671.	0.	0.
PROGRAM (f All other program service revenue g Total. Add lines 2a-2f	3,671.			
	 Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 	3,328.	0.	0.	3,328.
	(i) Real (ii) Personal 6a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses (i) Securities (ii) Other		-		,
	c Gain or (loss) d Net gain or (loss)				77
OTHER REVENUE	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses b c Net income or (loss) from fundraising events	,			
	9a Gross income from gaming activities See Part IV, line 19			,	,
	b Less: direct expenses c Net income or (loss) from gaming activities				
}	10 a Gross sales of inventory, less returns and allowances a b Less cost of goods sold c Net income or (loss) from sales of inventory				
	11a b c c c c c c c c c c c c c c c c c c				
	d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions ▶	725,323.	3,671.	0.	3,328.

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Part IX

Statement of Functional Expenses
Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	200,439.	200,439.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	200,			San
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	139,062.	25,312.	100,057.	13,693.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	108,340.	107,256.	1,084.	0.
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,613.	7,613.	0.	0.
9	Other employee benefits	18,126.	18,126.	0.	0.
10	Payroll taxes	16,681.	9,317.	6,576.	788.
11	Fees for services (non-employees)				
ā	a Management				
ŀ	Legal				
(Accounting	5,100.	3,009.	1,836.	255.
	d Lobbying				
	Prof fundraising svcs See Part IV, In 17			· · · · · · · · · · · · · · · · · · ·	
	Investment management fees			2.22	
	Other	18,597.	16,827.	366.	1,404.
	Advertising and promotion	5,812.	5,617.	171.	24.
13	Office expenses	7,769.	5,825.	1,706.	238.
14 15	Information technology Royalties	7,709.	3,023.	1,700.	230.
16	Occupancy	6,775.	4,440.	1,959.	376.
17	Travel	105,336.	94,799.	7,214.	3,323.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	103,330.	317133.	7,211.	3,3231
19	Conferences, conventions, and meetings	5,939.	5,874.	54.	11.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)	2,283.	1,347.	822.	114.
ā	COUNCIL PROJECTS	11,280.	10,676.	145.	459.
Ŀ	POSTAGE & PRINTING	15,757.	11,009.	2,124.	2,624.
c	DUES & SUBSCRIPTIONS	12,288.	7,343.	4,316.	629.
c	MINOR EQUIPMENT	11,881.	7,278.	4,005.	598.
€	SUPPLIES	10,782.	8,123.	1,733.	926.
	All other expenses	5,802.	3,974.	1,586.	242.
	Total functional expenses Add lines 1 through 24f	715,662.	554,204.	135,754.	25,704.
26	Joint costs. Check here ► if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form 990 (2009)

Pa	art X	Balance Sheet				,	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			24,323.	1	145,365.
	2	Savings and temporary cash investments			60,000.	2	60,000.
	3	Pledges and grants receivable, net			40,386.	3	150.
	4	Accounts receivable, net			0.	4	1,239.
	5	Receivables from current and former officers, directors and highest compensated employees. Complete Part I	s, trus I of Sc	tees, key employees, chedule L		5	
	6	Receivables from other disqualified persons (as define	d und	er section 4958(f)(1))	-		
		and persons described in section 4958(c)(3)(B) Comp	lete P	art II of Schedule L		6	
A S S E T	7	Notes and loans receivable, net				7	
Ē	8	Inventories for sale or use				8	
s	9	Prepaid expenses and deferred charges			10,935.	9	15,319.
	10 a	Land, buildings, and equipment cost or other basis	10a	8,215.			
		Complete Part VI of Schedule D					:_
	b	Less accumulated depreciation	10b	5,520.	2,695.	10 c	2,695.
	11	Investments - publicly-traded securities				11	
	12	Investments - other securities See Part IV, line 11				12	
	13	Investments - program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			41,248.	15	43,959.
	16	Total assets Add lines 1 through 15 (must equal line	34)		179,587.	16	268,727.
	17	Accounts payable and accrued expenses			50,630.	17	59,850.
	18	Grants payable				18	
	19	Deferred revenue			16,799.	19	86,744.
Ļ	20	Tax-exempt bond liabilities				20	
Å	21	Escrow or custodial account liability Complete Part IV	of So	chedule D		21	
L	22	Payables to current and former officers, directors, trus highest compensated employees, and disqualified personal compensations are compensated employees.	tees, l	key employees, Complete Part II			
Ţ		of Schedule L				22	
E S	23	Secured mortgages and notes payable to unrelated this	rd par	ties		23	
	24	Unsecured notes and loans payable to unrelated third	parties	S		24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			67,429.	26	146,594.
N E T		Organizations that follow SFAS 117, check here ►	X aı	nd complete lines	Ł	7,	,
Ť	1	27 through 29 and lines 33 and 34.					
Ş	27	Unrestricted net assets			70,910.	27	78,174.
S E S	28	Temporarily restricted net assets			10,168.	28	12,879.
	29	Permanently restricted net assets			31,080.	29	31,080.
Q R		Organizations that do not follow SFAS 117, check her	e ►	and complete			- 41
E		lines 30 through 34.					
FUXD DXU	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building, and equipe	nent f	und		31	
Ê	32	Retained earnings, endowment, accumulated income,	or oth	er funds		32	
BALAZCES	33	Total net assets or fund balances			112,158.	33	122,133.
รี	34	Total liabilities and net assets/fund balances			179,587.		268,727.

ВАА

Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990. Cash X Accrual Other		-	
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			,
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2 a	1	Х
b Were the organization's financial statements audited by an independent accountant?	21	X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of review, or compilation of its financial statements and selection of an independent accountant?	f the audit,	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	j.		-
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were iss consolidated basis, separate basis, or both	sued on a	-	-
X Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	e Single	X	
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the record audits, explain why in Schedule O and describe any steps taken to undergo such audits.	quired audit	X	

BAA

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545 0047 2009

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public , Inspection _

Employer identification number

MON	NTANA COMMITTEE FOR THE HUMANITIES 23-7357												
Par	t I	Reason for Pu	iblic Charity Statu	is (All organizations	must o	comple	te this	part.	See i	<u>nstruct</u>	ions		
The c	rga	nization is not a pri	vate foundation because	se it is (For lines 1 throu	gh 11, c	heck onl	y one b	ox)					
1		A church, conventi	on of churches or asso	ociation of churches descri	ribed in	section	170(b)(1)(A)(i).					
2		A school described	in section 170(b)(1)(A	A)(iı). (Attach Schedule E	.)								
3	П	A hospital or coope	erative hospital service	e organization described i	n sectio	n 170(b)	(1)(A)(ii	i).					
4	П	A medical research	h organization operate	d in conjunction with a ho	ospital d	escribed	ın secti	on 170(b)(1)(A)(iii) Ente	er the hospita	l's	
		name, city, and sta	ate										
5		An organization op 170(b)(1)(A)(iv). (0		of a college or university	owned c	or operat	ed by a	govern	mental u	nit descr	ribed in sectio	nc	
6				governmental unit describ									
7	X	An organization the in section 170(b)(1	at normally receives a I)(A)(vi). (Complete Pa	substantial part of its supart II)	oport fro	m a gov	ernment	al unit	or from t	he gene	ral public des	cribed	
8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II)													
9	An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)												
10		An organization or	ganized and operated	exclusively to test for pub	olic safet	ty Sees	ection 5	09(a)(4).				
11		more publicly supp	orted organizations d	exclusively for the beneficescribed in section 509(a ation and complete lines	(1) or s	ection 5	09(a)(2)	ions of, See s	or carry e ction 5 0	out the 19(a)(3).	purposes of Check the b	one or ox that	
	a ☐ Type I b ☐ Type II c ☐ Type III — Functionally integrated d ☐ Type III— Other												
е													
f			received a written dete	ermination from the IRS t	hat is a	Type I, 1	Гуре II о	r Type	III suppo	rting org	janization,		
g		Since August 17, 2	2006, has the organiza	tion accepted any gift or	contribu	ition fror	n any of	the foll	owing p	ersons?	<u> </u>		
		(i) a person who	o directly or indirectly o	controls, either alone or to	ogether	with pers	sons des	cribed	ın (II) an	d (111)		res No	
			overning body of the su								11 g (i)		
		(ii) a family member of a person described in (i) above? (iii) a 35% controlled entity of a person described in (i) or (ii) above?									11 g (iii)		
			- · · · · · · · · · · · · · · · · · · ·								[
h			T T	ne supported organization					<u> </u>				
	(1)) Name of Supported Organization	(n) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizal (i) lister gove	Is the tion in col d in your erning ment?	(v) Did y the organ col your si	ization in (i) of	(vi) I organizati (i) organiz U S	on in col	(vii) Amount o	r Support	
					Yes	No	Yes	No	Yes	No			
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			-					•					
otal			<u> </u>	1	<u>l</u>	<u> </u>	<u> </u>		.				

Schedule A (Form 990 or 990-EZ) 2009 MONTANA COMMITTEE FOR THE HUMANITIES 23-7357909

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you checke	ed the box on line	5, 7, or 8 of Part I)								
Sec	tion A. Public Support				<u>-</u> -							
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total					
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	672,149.	575,088.	585,481.	747,700.	718,324.	3,298,742.					
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf											
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.											
4 Total. Add lines 1-through 3 672,149. 575,088. 585,481. 747,700. 718,324. 3,29												
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)			-								
6	6 Public support. Subtract line 5 from line 4 3,298,											
Sec	Section B. Total Support											
Cale begi	alendar year (or fiscal year eginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total											
7	7 Amounts from line 4 672,149. 575,088. 585,481. 747,700. 718,324. 3,298,742.											
8	8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 2,224. 4,787. 85897. 3,328. 11,100.											
9	9 Net income from unrelated business activities, whether or not the business is regularly carried on											
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	8,347.	9,384.	2,470.	2,158.	3,671.	26,030.					
11	Total support. Add lines 7 through 10				,		3,335,872.					
12	Gross receipts from related activi	ities, etc (see inst	ructions)			12						
	13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here											
	tion C. Computation of Pu			11 12		14,	00 00 %					
14	., .	•	•	II, column (t)		14	98.89 % 98.81 %					
15	Public support percentage from 2					<u></u>						
	16 a 33-1/3 support test − 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization											
	b 33-1/3 support test — 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization											
17 a	10%-facts-and-circumstances te or more, and if the organization rethe organization meets the 'facts'	neets the 'facts-ar	nd-circumstances'	test, check this be	ox and stop here.	Explain in Part IV	/ how					
b	10%-facts-and-circumstances te or more, and if the organization r organization meets the 'facts-and	neets the 'facts-ar I-cırcumstances' t	nd-circumstances' est The organiza	test, check this bootion qualifies as a	ox and stop here. a publicly supporte	Explain in Part IV ed organization	how the					
18	Private foundation. If the organiz	ation did not chec	k a box on line, 13	3, 16a, 16b, 17a,								
BAA					Sc	nedule A (Form 9	90 or 990-EZ) 2009					

Schedule A (Form 990 or 990-EZ) 2009 MONTANA COMMITTEE FOR THE HUMANITIES 23-7357909 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support (a) 2005 (c) 2007 (d) 2008 (e) 2009 Calendar year (or fiscal yr beginning in) (b) 2006 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1. 2, 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form sımılar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 10b. whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19 a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18

is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009 MONTANA COMMITTEE FOR THE HUMANITIES 23-7357909 Page 4
Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions
Other Income Part II, Line 10
Description: SALE OF GOODS
2005: 8347.
2006: 9384.
2007: 2470.
2008: 2110.
2009: 3671.
Description: ROYALTIES
2008: 48.
2009: 0.

TEEA0404 02/05/10

BAA

Schedule A (Form 990 or 990-EZ) 2009

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
 ► Attach to Form 990.
 ► See separate instructions

OMB No 1545 0047

Open to Public Inspection Employer Identification number

					23-7357909					
Pai	VTANA COMMITTEE FOR THE HUMAN TI Organizations Maintaining Donce	or Acc	_ '							
[1; ai	the organization answered 'Yes'	to Form 990. Part IV. line	e 6.	OI ACC	ounts complete	J 11				
		(a) Donor advised		(b) i	Funds and other acc	counts				
1	Total number at end of year									
2	Aggregate contributions to (during year)									
3	Aggregate grants from (during year)									
4	Aggregate value at end of year									
5	Did the organization inform all donors and dor funds are the organization's property, subject	nor advisors in writing that the to the organization's exclusive	assets held in donor legal control?	advised	Yes	☐ No				
6	6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?? Yes No									
Par	t II Conservation Easements Compl		nswered 'Yes' to	Form 9						
1	Purpose(s) of conservation easements held by			i Omi J	30, 1 art 1 v, iii c	· / · · · · · · · · · · · · · · · · · ·				
•	Preservation of land for public use (e.g., r	•		n historic	ally important land	area				
	Protection of natural habitat	cereation of picusure)			• ,	a. c a				
	Protection of natural habitat Preservation of certified historic structure Preservation of open space									
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation	n contribution in the f	orm of a	conservation easen	nent on the				
					Held at the End o	f the Year				
ä	Total number of conservation easements			2a						
ŀ	Total acreage restricted by conservation ease	ments		2b						
(c Number of conservation easements on a certified historic structure included in (a) 2c									
(Number of conservation easements included i	, , ,		2d						
3	Number of conservation easements modified,	transferred, released, extinguis	shed, or terminated b	y the orga	anization during the	tax				
	year ►									
4	Number of states where property subject to co	onservation easement is located								
5	and enforcement of the conservation easement it holds? Yes No									
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►									
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year									
8	B Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? Yes No									
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements									
Pai	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical swered 'Yes' to Form 990	Treasures, or 0), Part IV, line 8.	ther Sir	nilar Assets	·				
1 a	a If the organization elected, as permitted under treasures, or other similar assets held for pub the text of the footnote to its financial stateme	lic exhibition, education, or res	revenue statement a earch in furtherance	nd baland of public :	ce sheet works of an service, provide, in	rt, historical Part XIV,				
ŀ	b If the organization elected, as permitted under treasures, or other similar assets held for pub amounts relating to these items	lic exhibition, education, or res	enue statement and t earch in furtherance	palance si of public :	service, provide the	following				
	(i) Revenues included in Form 990, Part VIII,	line 1			► \$					
	(ii) Assets included in Form 990, Part X				· —					
	If the organization received or held works of a amounts required to be reported under SFAS	116 relating to these items	sımılar assets for fir	nancial ga	ain, provide the follo	wing				
	Revenues included in Form 990, Part VIII, line	2 1			►\$					
ł	b Assets included in Form 990, Part X									

Schedule D (Form 990) 2009 MONTA					23-735		Page 2				
Part III Organizations Mainta	ining Collection	ns of Art, His	torica	l Treasures, or	Other Similar Ass	ets (contini	ued)				
3 Using the organization's acquisiti items (check all that apply)	on accession and	other records, che	eck any	of the following tha	t are a significant use	of its collection	n				
a Public exhibition		d Loar	or exc	change programs							
b Scholarly research		e 💹 Othe	er								
c Preservation for future generations											
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV Provide a description of the organization collections and explain how they further the organization's exempt purpose in Part XIV											
5 During the year, did the organizar assets to be sold to raise funds re	assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No										
Part IV Escrow and Custodia 9, or reported an amo	l Arrangement	s Complete if	orgar	<u></u>		90, Part IV,	line				
1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes explain the arrangement in Part XIV and complete the following table											
b If 'Yes,' explain the arrangement in Part XIV and complete the following table											
C Beginning balance											
e Distributions during the year f Ending balance 1 f											
2a Did the organization include an amount on Form 990, Part X, line 21? Yes No											
b If 'Yes,' explain the arrangement in Part XIV											
Part V Endowment Funds Complete if organization answered 'Yes' to Form 990, Part IV, line 10.											
	(a) Current year	(b) Prior ye		(c) Two years back	(d) Three years back	(e) Four yea	rs back				
1 a Beginning of year balance	1a Beginning of year balance 41,248. 44,612.										
b Contributions											
c Net Investment earnings, gains, and losses 3, 4602, 542.											
d Grants or scholarships											
e Other expenditures for facilities and programs	e Other expenditures for facilities										
f Administrative expenses	74	9.	822.								
g End of year balance											
2 Provide the estimated percentage of the year end balance held as											
a Board designated or quasi-endowment ► 0.00 %											
b Permanent endowment ► 100.00 %											
c Term endowment ► %											
3a Are there endowment funds not in	n the possession o	f the organization	that ar	e held and administ	ered for the	Γ	Τ				
organization by						Yes	No				
(i) unrelated organizations						3a(i) X	 				
(ii) related organizations				53		3a(ii)	 				
b If 'Yes' to 3a(II), are the related o	-					3b					
4 Describe in Part XIV the intended Part VI Investments—Land, B					line 10						
Description of investment		Cost or other basis		Cost or other	(c) Accumulated	(d) Book V	alue				
Description of investment	(a)	(Investment)		basis (other)	Depreciation	(u) Dook v					
1 a Land			<u> </u>								
b Buildings											
c Leasehold improvements											
d Equipment			1	5,520.	5,520.		<u> </u>				
e Other			<u> </u>	2,695.			<u>,695.</u>				
Total. Add lines 1a through 1e (Column	(d) must equal Fo	orm 990, Part X, c	olumn	(B), line 10(c))			<u>,695.</u>				
BAA					Sched	ule D (Form 99	90) 2009				

Schedule D (Form 990) 2009 MONTANA COMMITTEE FOR THE HUMANITIES

23-7357909

Page 3

		3-7357909	Page 4
Pat	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII,column (A), line 12)		725,323.
2	Total expenses (Form 990, Part IX, column (A), line 25)		715,662.
3	Excess or (deficit) for the year Subtract line 2 from line 1		9,661.
4	Net unrealized gains (losses) on investments		314.
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4 through 8		314.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		9,975.
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue per F	Return	
1	Total revenue, gains, and other support per audited financial statements	1 1	725,637.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1.	
	Net unrealized gains on investments 2a 314	-	
	Donated services and use of facilities 2b	-	
		-	
	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
			214
e	Add lines 2a through 2d	2 e	314.
3	Subtract line 2e from line 1	3	725,323.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investments expenses not included on Form 990, Part VIII, line 7b		
ь	Other (Describe in Part XIV)	_	
С	Add lines 4a and 4b	4c	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	725,323.
Par	t XIII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	r Return	
1	Total expenses and losses per audited financial statements	1	715,662.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities 2a	_	
þ	Prior year adjustments 2b	7 - 1	
	Other losses 2c		
d	Other (Describe in Part XIV)	_	
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	715,662.
_	Amounts included on Form 990, Part IX, line 25, but not on line 1:		71370021
		-	
	Other (Describe in Part XIV)		
	Add lines 4a and 4b	4c	715 660
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	715,662.
Par	t XIV Supplemental Information		
line 4 inforr	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, I, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part nation V Line 4 THE ENDOWMENT FUND IS INTENDED TO ENSURE THE LONG-TE	t to provide any	Part V, additional
 	OF HUMANITIES PROJECTS IN MONTANA.		

Schedule D (Form 990) 2009 MONTANA COMMITTEE FOR THE HUMANITIES	23-7357909	Page 5
Schedule D (Form 990) 2009 MONTANA COMMITTEE FOR THE HUMANITIES Rart-XIV Supplemental Information (continued)		
		-
		-
		. —

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

2009

OMB No 1545 0047

Open to Public Inspection

Employer identification number

N

X Yes

23-7357909 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Part I General Information on Grants and Assistance MONTANA COMMITTEE FOR THE HUMANITIES

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schoolile 1-1 (Form 990) if additional space is needed 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part IV and Schedule I-1 (Form 990) if additional space is needed	Form 990) if addi	tional space is	needed				A
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
WESTERN HERITAGE CENTER 2822 MONTANA AVE BILLINGS MT 59101	23-7155997		15,054.				HUMANITIES
BOZEMAN FRIENDS OF MENDEL 8 HILL STREET BOZEMAN MT 59715	81-6001649		6,133.				HUMANITIES
ARTEMIS WILDLIFE FOUNDATI PO BOX 748 HELENA MT 59624	94-2906085		8,000.				HUMANITIES
MONTANA PUBLIC RADIO THE UNIVERSITY OF MONTANA MISSOULA MT 59812	81-6001713		7,988.				HUMANITIES
Friends of the Yellowston 118 WEST CHINOOK LIVINGSTON MT 59047	81-0525873		7,000.				HUMANITIES
2 Enter total number of section 501(c)(3) and government organizations3 Enter total number of other organizations)) and government orç ons	ganizations				A A	5 0

Schedule I (Form 990) 2009

TEEA3901 02/10/10

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2 **Partills** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(f) Description of non cash assistance FMV, appraisal, other)				to provide the information required in Part I, line 2, and any other additional information.	TO RETAIN COPIES OF THEIR DOCUMENTATION FOR EXPENSES	YEARS. MCH WILL AUDIT AT LEAST 10% OF REGRANT FINAL	EAR BY REQUESTING COPIES OF DOCUMENTATION FOR EXPENSES				*			
(b) Number of cash grant of recipients						1	RTS_EACH_YEAR_BY_REQUES				1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	P	
(a) Type of grant or assistance				PartiV/* Supplemental Information. Complete this part	Pt_I Line_2REGRANTEES_ARE_REQUIRED	Pt_I_Line_2AND_COST_SHARE_FOR_THREE	Pt_I Line 2EINANCIAL REPORTS_EACH_X	Pt_I_Line_2AND_COST_SHARE.						

BAA

Schedule I (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545 0047

2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

MONTANA COMMITTEE FOR THE HUMANITIES	23-7357909
Pt_VI-B, Line 11A THE GOVERNING BODY IS PROVIDED	A COPY OF THE DRAFT FORM 990
FOR REVIEW. THE FISCAL OFFICER	AND EXECUTIVE DIRECTOR PERFORM
AN IN DEPTH REVIEW OF THE FORM	990 PRIOR TO FILING.
Pt_VI-B, Line 12c EMPLOYEES MUST_DISCLOSE ANY CO	NFLICTS OF INTEREST OR POTENTIAL
CONFLICTS_OF_INTEREST_ON_A_DIS	CLOSURE FORM. IT IS THE
RESPONSIBILITY OF THE EXECUTIV	E DIRECTOR TO REVIEW CONFLICTS
OF INTEREST AND WORK WITH EMPL	OYEE TO ELIMINATE OR MINIMIZE
THE CONFLICT OF INTEREST.	
Pt_VI-B, Line 15 COMPENSATION IS DETERMINED BY	PERFORMANCE OBJECTIVES BEING
MET, PERIODIC SURVEYS OF LIKE	AGENCIES IN OUR INDUSTRY,
ANNUAL COST OF LIVING INCREASE	AND AVAILABILITY OF FUNDS.
Pt_VI-C, Line 19 FORM 990 IS AVAILABLE THROUGH	GUIDESTAR. GOVERNING DOCUMENTS
ARE_AVAILABLE_ON_THE_ORGANIZAT	IONS WEBSITE AND UPON
REQUEST AT THE AGENCY'S ADMINI	STRATIVE OFFICES.
~	